



BENTON-FRANKLIN  
DISTRICT HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH  
800 W CANAL DRIVE  
KENNEWICK, WA 99336  
(509) 582-7761 Ext. 246  
(800) 814-4323

**FOOD DEMONSTRATOR OPERATION NOTICE**

This form must be completed and returned to the Benton-Franklin Health Department (800 W. Canal Drive, Kennewick, WA 99336) a minimum of three days prior to the event you will be sampling at.

**FOR OFFICE USE ONLY**

COMMENTS:

BFHD PERMIT NUMBER \_\_\_\_\_

NAME OF EVENT \_\_\_\_\_

EVENT COORDINATOR \_\_\_\_\_

APPLICANT NAME \_\_\_\_\_

BUSINESS NAME \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_

PHONE NUMBER (include area code) \_\_\_\_\_

LOCATION OF EVENT \_\_\_\_\_

DATE(S) OF EVENT \_\_\_\_\_

PRODUCTS TO BE SAMPLED \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I certify by signature, that I am the owner of the establishment or his/her designee. I further certify that I grant permission to allow the Health Officer and/or his/her representative(s) to enter said establishment at their discretion for the purposes of application, evaluation, pre-operational inspection, routine inspection or any subsequent inspections or investigations. I understand if food is suspected of being contaminated and a threat to public health and/or in violation of WAC 246-215, said food will be voluntarily removed from human food channels by myself and/or my designee in the presence of the Health Officer. I understand that any food service operating permit may be immediately suspended or revoked for failure to comply with Benton-Franklin District Board of Health Regulations or the WAC 246-215. In the event of suspension or revocation of my food service permit, I will be required to immediately cease and desist all food service operations until such time as a new permit, or continued operation is authorized by the Health Officer.

APPLICANT'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_